

STATE OF MAINE
COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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Tel: (207)287-6221 FAX: (207)287-6775 Website: /www.maine.gov/ethics/

**REPORTS OF CONTRIBUTIONS AND EXPENDITURES
BY PERSONS OTHER THAN
POLITICAL ACTION COMMITTEES
(21-A M.R.S.A. § 1056-B)**

Any person who solicits and receives contributions or makes expenditures, other than by contribution to a political action committee, aggregating in excess of \$1,500 for the purpose of initiating, promoting, defeating or influencing in any way a ballot question must file a report with the Commission.

NAME OF PERSON _____
(Person means an individual, committee, firm, partnership, corporation, association, group or organization.)

Mailing address _____ **CHECK IF CHANGED
SINCE PREVIOUS
REPORT** ☐

City, zip code _____

Telephone number _____ **Fax** _____ **E-mail** _____

NAME OF TREASURER _____
(or other officer or employee authorized to file this report, if person reporting is other than an individual)

Mailing address _____ **CHECK IF CHANGED
SINCE PREVIOUS
REPORT** ☐

City, zip code _____

Telephone number _____ **Fax** _____ **E-mail** _____

The purpose for receiving contributions and making expenditures is (check one) in **SUPPORT OF** _____ or **OPPOSITION TO** _____ ballot question number (if known) _____ or the ballot question regarding _____

TYPE OF REPORT AND FILING PERIOD (check)

Type of report:

Due date:

Filing period:

- () 6-Day Pre-Primary
() 42-Day Post-Primary
() 6-Day Pre-General
() 42-Day Post-General

June 2, 2004
July 20, 2004
October 27, 2004
December 14, 2004

Beginning of Campaign – May 27, 2004
May 28, 2004 – July 13, 2004
July 14, 2004 – October 21, 2004
October 22, 2004 – December 7, 2004

() Other (specify): _____

() Amendment to: _____

I CERTIFY THAT THE INFORMATION IN THIS REPORT IS TRUE, CORRECT AND COMPLETE.

Person's/Authorized Official's signature

Date

Name of PAC

Page ____ of ____
(Schedule B only)

**SCHEDULE B
EXPENDITURES**

Enter expenditures made aggregating in excess of \$100 in this election.
Do not include in-kind expenditures on this schedule.

Date Expenditure Made	Name of Payee or Creditor and Purpose of Expenditure	Amount Expended This Entry

1. Total Expenditures this page only

Complete lines 2-3 on last page of Schedule B only:

2. Total from attached Schedule B pages

**3. Total Expenditures this reporting period
(add lines 1 & 2)**

Name of PERSON

Page _____ of _____
(Schedule C only)

SCHEDULE C
IN-KIND CONTRIBUTIONS/EXPENDITURES

With respect to all items and services received and expended, enter the date received/expended, a description of the item or service, and the fair market value. Enter contributor/payee or creditor only if the fair market value of donated item or service is more than \$100.

Date of Contribution/Expend	Name of Contributor/Payee or Creditor	Description of goods, services, discounts or facilities received/expended	Fair market value
1. Total in-kind contributions/expenditures this page only			
Compete lines 2-3 on last page of Schedule C			
2. Total from attached Schedule C pages			
3. Total in-kind contributions received and expended this reporting period (Add lines 1 & 2)			